

ABTSWH Case or Data Request

Date of Request: October 19, 2021

1. **Delineation of Requested Data\information:** As specifically as possible, please explain exactly what specific data or case characteristics the Board is requesting (in order to assure the Program provides accurate and timely information) Please complete one form for each unique data or case request and which Board sub-group will be reviewing the information:

1. What is timeliness of claims involving impairment evaluation over the past three years?
Please provide the counts by year, by residence state of claimant, and by consulting impairment MD.
2. What is the overall timeliness of claims evaluations over the past two years?
3. What is the count and trend in the number of medical providers who accept the EEOICP benefit medical card in DOE communities over the past 3 years? Are there any common reasons why some have dropped out of the program over that past three years?
4. How many claimant occupational health interviews have contractor and Federal IH's done over the past two years?
5. Is a more detailed role of the EEOICP Medical Director in the program being added to the Procedure Manual?
6. Has any attempt been made to aggregate data from past claim decisions to ensure consistency in decision-making in future claims? For example, one could look at decisions on Beryllium sensitivity or COPD claims for different job titles to see if variation exists in claims outcomes for the same job titles?
7. What are the current or future changes in occupational medicine at EEOICP?
8. For what % of claims do the CMC's and IH's recommend denial?
9. For what % of claims do the CMC's and IH's find minimal exposure. This should be provided for each individual CMC and IH (protecting confidentiality)

These data/queries are requested and will be reviewed by the IH-CMC Working Group.

2. **Statutory Authority:** The Board's scope is defined in Section 3687(b)(1)(A-D) of the EEOICPA. Please identify the statutory mandate(s) the data or cases being requested fulfill (for convenience you can refer to them as Subsection A, Subsection B etc.):

This falls under Subsection D "the work of industrial hygienists and staff physicians and consulting physicians of the Department and reports of such hygienists and physicians to ensure quality, objectivity, and consistency."

NOTE: all data and case specific information containing claimant personal and health information is protected by the Privacy Act, and any unauthorized release of that information (accidental or otherwise) must immediately be reported to the Designated Federal Official.

3. **Supporting Rationale:** Please provide an explanation for this information as it relates to the statutory authority identified above:

Various aspects of the IH, CMC, and general medical input into the claims adjudication process are critical to obtaining fair, objective, and high quality claims decisions. The requested data address aspects of these elements and will help the Board provide useful advice to the Department.

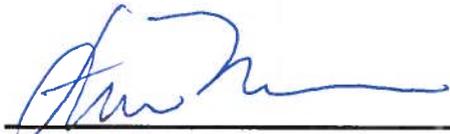
Question 7 (above) addresses issues involving how the NO medical staff perform quality audits of claims and otherwise participate in the claims evaluation and program assessment activities.

4. **Intended Use:** Please advise what the Board is hoping to accomplish or learn from the requested data or cases:

The Board aims to better understand the functions and performance of the IH, CMC, and medical participants (outside providers and DOL personnel).

DEEOIC requested the Board look at this topic?

No, this is a request from the Board's Working Group on IH/CMC.



Steven Markowitz, Chair, ABTSWH

10/19/21

Date